

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH41026
STATE FILE NUMBER

FILED NOV 26 1957

Registration District No. 178 Primary Registration District No. 4286 Registrar's No. 103

1. PLACE OF DEATH a. COUNTY Lewis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence, before admission) a. STATE Missouri b. COUNTY Lewis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LaGrange		c. CITY OR TOWN LaGrange	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION No street address		d. STREET ADDRESS (If outside, give location) No street address	
3. NAME OF DECEASED (Type or print) First John Middle William Last Roberts		4. DATE OF DEATH Month Nov Day 16 Year 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 28, 1871
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Foundry	11. BIRTHPLACE (City and state or country) Bowling Green, Mo.,
13a. FATHER'S NAME Jess Wm. Roberts		13b. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 358 03 7562	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Cardiac Failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). 4200		12. CITIZEN OF WHAT COUNTRY? U.S.A. INTERVAL BETWEEN ONSET AND DEATH 3 weeks Unknown	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from Oct 13, 1957 to Nov. 16, 1957 and last saw her alive on Nov. 16 - 1957 Death occurred at 11:50 p.m. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Dr. James H. Roberts M.D.		22b. ADDRESS Panton, Mo.	
22c. DATE SIGNED 11-18-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Buried		23b. DATE Nov. 19, 1957	
23c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery		23d. LOCATION (City, town, or county) (State) LaGrange, Missouri.	
24. FUNERAL DIRECTOR Ernest Bailey		25. DATE RECD. BY LOCAL REG. 11-23-'57	
26. REGISTRAR'S SIGNATURE P.W. Jennings, M.D.			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *J. Kenneth Bailey*

Licensed Embalmer No. *4248*

P. O. Address *La Grange, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

. If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.